

C. CERTIFICATION/ELIGIBILITY

Overview

Introduction Certification is the process of screening applicants to determine eligibility for WIC benefits, for a designated period of time. In order to qualify for WIC benefits, applicants must:

- reside within the clinic's jurisdiction;
- receive income less than WIC guidelines; and
- have one or more qualifying nutritional risk criteria.

The clinic must document that all required procedures were completed according to this section.

In this section This section contains the following topics.

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C.1. Certification Procedures Checklist

**Required
procedures**

The following must be completed for each applicant at certification. Copies of all forms are found in the Forms Section of this manual.

Information or Form	Documentation
Participant Data <ul style="list-style-type: none">• Demographic (Screen 102)• Health (Screen 103, 104, 105)• Nutrition Risk (Screen 106)• Food Package (Screen 106)• Scheduling (Screen 107)	Entered into computer according to the UWIN Clinic User Procedure Manual
<ul style="list-style-type: none">• Prenatal Weight Gain Grid• NCHS Growth Chart	Plotted for all pregnant women Plotted for all infants and children
Diet Assessment Form <ul style="list-style-type: none">• Food Frequency• Infant Nutrition History	Completed and signed by applicant/endorser and CPA For all women and children (> 1 year of age) For all infants (< 1 year of age)
Medical History Form	Completed for all women and children and signed by applicant/endorser and CPA determining nutrition risk/food package. (Infant medical history is included on the Infant Nutrition History form.)
Prenatal Survey on Infant Feeding	Completed by all pregnant women.
Rights and Responsibilities	Form must be reviewed and signed by: <ul style="list-style-type: none">• applicant/endorser• proxy (if applicable)• staff verifying income/residency/identity
Nutrition Education Contact Sheet	All applicable topics initialed and dated by CPA.
Voter Registration	All endorsers must be offered the opportunity to register to vote. Documented in computer.

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C.1. Certification Procedures Checklist, Continued

If applicable The following items may be required for certification.

Information or Form	Required for...
Verification of Certification (VOC)	Migrant and homeless participants. Participants stating they plan to move from the clinic area.
Prescription signed by prescriptive authority	Participants receiving non-contract formula, special formula, or other special medical product.
Referral form	Medical data obtained by applicant's medical provider (if used for certification).
High Risk Care Plan	High Risk participants: Assessment and Plan portion of SOAP note must be documented in progress notes, high risk tracking form, or in computer at the time of certification.

*Note: The clinic may request Social Security Numbers, Immunization records, and proof of pregnancy, however, benefits cannot be denied if this information is not provided to the clinic.

Presence at certification

Applicants need to be present at the certification visit even if the certification is based on referral information. This requirement may be waived for those applicants whose medical condition is so severe that coming to WIC could jeopardize their health. For example:

- a medical condition that necessitates the use of medical equipment that is not easily transportable;
- a medical condition that requires confinement to bed rest; and
- a serious illness that may be exacerbated by coming in to the WIC clinic

If the applicant is not physically present at the certification visit, document this and the reason why in the participant's chart or on screen 108.

C.2. Application and Clinic Hours

Policy:
Clinic hours All WIC clinics must provide appointment times outside normal business hours (8:00 a.m. to 5:00 p.m.), for applicants who need extended hours. If the clinic's regular schedule does not include extended hours, the opportunity for appointments outside of the regular schedule must be visibly posted in the clinic.

Policy:
Time frames Time frames for certifying applicants **begin when the applicant contacts the local agency** to request program benefits. When funds are available to provide WIC benefits, applicants are notified of their eligibility or ineligibility within the following time frames.

If applicant is...	Then...
<ul style="list-style-type: none">• Pregnant woman• Infant under six months of age• Homeless, or• Member of migrant farmworker household that soon plans to leave the clinic service area	Notify of eligibility or ineligibility within 10 calendar days of the first request for WIC benefits.
<ul style="list-style-type: none">• Breastfeeding woman• Postpartum woman• Infant over six months of age, or• Child	Notify of eligibility or ineligibility within 20 calendar days of the first request for WIC benefits.

Document in screen 108 if the applicant chooses to wait longer than 10-20 days.

Note: when funds are not available, follow procedures in Program Operations Section (Caseload Management).

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C.2. Application and Clinic Hours, Continued

Extensions

Twenty-day extensions will not be granted. Local agencies may submit a written request to the state WIC Director to extend the 10 day time frame to 15 calendar days. Extensions will only be granted in the following circumstances:

- clinics operating two or fewer days per month; or
 - in emergency or other unusual situations. Examples include:
 - clinic moving to a new facility;
 - heavy snow requiring clinic closure;
 - other natural disaster;
 - unexpected increase in unemployment in a clinic area, resulting in increased applications.
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Procedure: Documenting applications

The Intake Screen (101) on the UWIN computer system must be completed for all applicants on the day the applicant first contacts the clinic and an appointment scheduled in screen 107.

If clinic staff does not complete screen 101, they must document all applications on a manual log, which includes:

- today's date
- applicant's name, address, and telephone number;
- category; and
- date of appointment.

An example of a manual log may be found in the Forms Section.

C.3. Certification Periods

Policy:
Certification
periods

Certification periods are listed in the following table.

Participant Category	Certification Period
Pregnant Woman	The duration of the pregnancy and up to, but not exceeding, six weeks after the end of the pregnancy.
Postpartum Woman	Six months after the pregnancy ends.
Breastfeeding Woman	Certified at six month intervals until the breastfed infant's first birthday.
Infant	Infants < 6 months of age are certified for the duration of their first year up to the day of their first birthday. Infants over 6 months of age will be certified at 6 month intervals.
Child	Certified at entry into WIC, and at six month intervals. The child's eligibility expires at the end of the calendar month in which they reach their fifth birthday.

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C.3. Certification Periods, Continued

**Policy:
Shortening or
extending
certifications**

If a participant has difficulty making their appointment, they should be encouraged to reschedule their appointment or use a proxy. However, the certification period may be shortened or extended by a period of up to 30 days, in the following situations:

- difficulty with scheduling appointment;
- aligning certification schedules of family members;
- inclement weather;
- illness of participant, or;
- transportation problem.

The certification may not be extended for a participant who is categorically ineligible.

Participants can be certified early without effecting the new certification and termination dates.

If the certification period needs to be adjusted, please contact the State Help Desk for assistance.

**Procedure:
Shortening
certifications**

If the clinic certifies a participant before the end of his or her certification period, and that person is found ineligible, the following procedures apply.

Ineligibility Criterion	Clinic Action
No nutrition risk	Participant receives benefits until the end of the current certification period.
Over income limits	Terminate participant, code 10
No longer a resident	Issue VOC

Documentation

Whenever a clinic changes the certification interval (shortens or extends), the reason must be documented in screen 108 of the computer.

C.4. Residency and Identity

**Policy:
Determining
eligibility
based on
residency**

All applicants must live within the district served by the agency and within the jurisdiction of the state. Length of residency is not a prerequisite to receiving WIC benefits. Applicants do not have to be a US citizen in order to qualify for WIC.

Proof of residency is required at each certification visit prior to receiving WIC benefits. Applicants should be asked to provide documentation of where they routinely live or spend the night. Documentation provided as proof of residency must contain a street address. A post office box cannot be used as documentation. Self-declaration of residency is not sufficient. Type of proof provided must be documented in screen 102. Documentation need not be copied but should be returned to the applicant.

Participants are allowed to attend the **clinic** most convenient to them (nearest their home or workplace) if it is in their county/district of residence. The State WIC Office must approve any exceptions. The clinic director must make requests in writing to the State WIC Director. The letter must include the participant's name, ID number and reason for the request. A copy of both letters must be kept in the participant's chart.

**Exception:
Special
populations**

Special population groups may be served by designated clinics regardless of residency status. These include:

- applicants eligible for Teen Mom services;
- homeless individuals; and
- residents of border towns with interstate agreements.

Proof of residency is still required for these populations.

**Policy: Proof
of identity**

All new applicants and new transfers must provide proof of identity prior to receiving WIC benefits. Type of proof provided must be documented in screen 102. Documentation need not be copied but returned to the applicant.

The voucher packet/ID card may be used as proof of identity at subsequent certifications and issuance of WIC vouchers. The ID packet must be shown at each clinic visit before vouchers may be issued.

All proxies must show proof of identity before vouchers are issued.

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C.4. Residency and Identity, Continued

Acceptable proof of residency and identity

Acceptable forms of proof of residency and identification include the following sources.

Activity	Proof of Identity	Proof of Residency
Initial certification	<ul style="list-style-type: none"> • Photo ID such as a driver's license • Medicaid card • utility bill • military ID • hospital card/bracelet (infant only) • birth certificate • pay check stub • Social Security card • passport • work or school ID • voter registration card • letter from Human Services (for foster children) • letter from midwife (for home births) 	<ul style="list-style-type: none"> • current utility bills • Medicaid card • rent or mortgage receipts for lodging/housing • pay check stub • current bank statement • any current bill • letter from Human Services on official letterhead • "forwarded" mail if envelope with current address and postmark provided. <p>*current = last 30 days *proof of residency must contain a street address, not a P.O. Box</p>
Recertification	<ul style="list-style-type: none"> • voucher packet/ID card <p>*for lost ID packet, see special situations</p>	same as above
Voucher issuance	<ul style="list-style-type: none"> • voucher packet/ID card <p>*for lost ID packet, see special situations</p>	not applicable
Transfer	same as initial certification	same as initial certification Note: VOC does not prove residency

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C.4. Residency and Identity, Continued

No proof or identity and/or residency

An applicant with no proof of identity and/or residency, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, illegal alien, or a person holding a VOC card should try to get a letter from a third party verifying residency or identity. If unavailable, the applicant must sign a statement on the back of the Rights and Responsibilities form stating why they are not able to provide this proof.

Special situations: residency

If	Then
Bills are not in the endorser's name	Accept as proof of residency as long as the individual who the bills are addressed to is part of the economic unit.
Two or more families living together	Establish if they are separate economic units. If yes and all bills go to the other family, have that person write a letter stating they live together and the amount of utilities they pay.
No street address - P.O. boxes only	Have the applicant write down specific directions to their home. If they have P.O. boxes and street addresses, a utility bill with a street address is required.

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C.4. Residency and Identity, Continued

Special situations - identity

If	Then
Lost or stolen ID packet	Endorser must show proof of identity for a replacement packet
ID packet not brought to WIC appointment (not lost/stolen)	Endorser must show proof of identity. Vouchers may then be issued
“Unborn” on Medicaid card	Accept as proof of identity
Name on ID different than name reported to clinic	<ul style="list-style-type: none">• If recently married, ask for marriage certificate• If using husband’s last name, but not changing legally, document reason on rights and responsibilities

Policy: Resident of an institution

The Utah WIC Program does not serve applicants living in an institution where meal service is provided. This does not include private residences and homeless institutions. The local agency can provide supplemental foods as long as the applicant is eligible (based on income, residency and nutritional need) and the following three conditions are met:

- The applicant has free access to their food.
5. The facility must not gain financial or in-kind benefits from a person’s participation in WIC, e.g.,
 - by transferring WIC foods to the facility’s own general inventories;
 - by reducing the quantity of food provided to WIC participants; or
 - by some other action that could reduce the level of support to WIC participants.
 6. Foods purchased with WIC vouchers must not be used in communal feeding.
WIC foods are for the participant only.
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C.5. Homeless

Introduction

Homeless individuals represent a high risk population who may have compromised health and nutritional status, as well as high levels of anxiety and stress. Use sensitivity when gathering certification information. All WIC procedures should be thoroughly explained. Local agency staff should be sure that homeless individuals receive the same quality and degree of services as participants who are not homeless.

Definition

An applicant is considered homeless if their primary nighttime residence is:

- A supervised public or private shelter designed to provide temporary living accommodations. This includes group shelters, rescue missions, shelters for victims of domestic violence, motels, etc.
 - A public or private place not ordinarily used as a regular sleeping accommodation for human beings. Examples include tents, cars, parks, hallways, sidewalks, abandoned buildings, doorsteps, etc.
 - A temporary residence for persons intended to be institutionalized.
 - A homeless person may no longer be considered homeless while living in a temporary accommodation of another individual if it has been more than 365 days.
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Homeless facilities

Maximum length of stay at the homeless shelter is usually 90 days. Supplemental foods may be provided to homeless individuals who reside in temporary shelters as long as the participant is eligible and the following conditions are met:

- Participant has free access to their food.
- The temporary shelter cannot receive financial or in kind benefits from a person's participation in WIC. For example, the homeless facility does not transfer WIC food to their general inventories or reduce the amounts of food given to the WIC participant.
- WIC foods must not be used in communal feedings.
- Proxies from the temporary shelter may not routinely pick up WIC vouchers for all program participants in bulk.

Both the participant and the temporary shelter should be made aware of these conditions.

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C.5. Homeless, Continued

Monitoring compliance of homeless shelters

Local agencies will monitor compliance in their area's approved shelters, as is practical, to ensure that the above criteria are followed. Local agencies will ask the approved shelters to contact the local agency if conditions change and they no longer qualify as an approved shelter. Documentation of the homeless facilities' compliance must be kept on file. The file will then be checked by the State during the monitoring visit to the local agency.

Determining eligibility

All of the usual documentation required to certify an individual must be obtained for homeless individuals. An applicant who is determined homeless must:

- meet the WIC income requirements. If they have no source of income or support, this must be documented on the Rights and Responsibilities form. Self declaration of income may be accepted from homeless individuals.
- reside in the State of Utah. Homeless individuals may be served by designated clinics, regardless of where they reside. They are not required to have a permanent address. A mailing address of a friend, relative, shelter or the WIC clinic may be used.

A VOC card should be issued at the certification visit to ensure continuation of benefits.

Time frames

Every effort should be made to certify these applicants immediately. All homeless individuals must be certified within 10 days of their first contact with the local clinic. If the applicant chooses to wait longer than 10 days, document this information in the comment section of the computer.

Food packages

Special food packages have been designed for homeless individuals. They include

- peanut butter or beans instead of eggs;
- 6 ounce ready to use juices;
- UHT or powdered milk; and
- canned beans.

See Supplemental Food Section for specific information.

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C.5. Homeless, Continued

**Nutrition
education**

Nutrition education will be provided to meet the special education needs of the homeless. Each local agency will determine how to provide nutrition education to these individuals based on their clinic setting.

At the initial certification the CPA will address special education topics concerning the use and storage of foods, recipes for using the WIC foods, and the usual core contact information provided to all WIC participants. The second nutrition contact will be based on the participants' individual nutritional need.

C.6. Migrants

Introduction

The majority of migrants served in Utah are Hispanic. Clinics should make every effort to ensure bilingual staff is available to serve participants in their native language. Appropriate education should be tailored to their specific culture and lifestyle. Evening hours must be available to serve this working population.

Definition: Migrants

An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes a temporary residence for the purpose for such employment.

Time frames

Every effort should be made to certify these applicants immediately. All members of migrant farmworker households must be certified within 10 days of their first contact with the local clinic. If the applicant chooses to wait longer than 10 days, this information must be documented in the comment section of the computer.

Special certification procedures

Income must be checked for the migrant population at each certification visit. Use annual income due to a fluctuation in salary.

Issue a VOC card at the certification visit to ensure continuation of benefits.

C.7. Income Eligibility

Policy

- At each certification visit, total household income for each applicant must be calculated and recorded in the computer by a WIC staff member.
- Income is based on gross household income during the past 30 days (see this sub-section for exceptions.)
- The clinic must determine that the applicant's income is at or below 185% of the Federal Poverty Guidelines published annually in the Federal Register.
- Anyone whose income exceeds the limit for their household is not eligible for WIC (unless automatically income eligible, as described in this sub-section)

For applicants stating they have no household income, see Special Income Situations.

In this sub-section

The following topics are included in this sub-section.

Topic	See Page
Household, definition	17
WIC income guidelines	18
Definition of income	19
Definition of exclusions	23
Automatic Income eligibility	25
Income verification	26
How to calculate income using the computer	27
How to hand calculate income	27
Special income situations <ul style="list-style-type: none">• Zero income• Self-sufficiency• Temporary low income• Unemployed persons• Lump sum payments• Joint custody	29
Income ineligible during certification	31

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C.7. Income Eligibility, Continued

Household, definition

A group of related or unrelated individuals who live together as one economic unit (who share income and expenses.) Also referred to as **family**, or **economic unit**.

Note: more than one economic unit may reside together in the same house.

Separate economic units in the same house are characterized by prorating of expenses and economic independent from one another.

The household size equals the number of individuals supported by the qualifying income.

- A **pregnant woman** is counted as one plus the number of fetuses she is carrying unless the woman has a religious or cultural objection that precludes this. For example, a woman who is pregnant with twins is counted as three family members.
- A breastfed **infant who is being breastfed by a woman other than the birth mother** cannot be included in the household of both the birth and non-birth mother. The household size may be determined by either the birth mother or the non-birth mother.
- A **child residing in a school or an institution**, who is being support by the parent or guardian, is counted in the household size of the parent or guardian, since the family continues to provide the economic support.
- A **foster child** who remains the legal responsibility of welfare or other agency is considered a family of one. Payments made by the welfare agency for the care of that foster child are considered to be the income of that child.
- An **adopted child or a child for whom a family has accepted the legal responsibility** is counted in the household size within whom he/she resides. The size and total income of the family are used to determine the child's income eligibility for WIC. Income received on behalf of that child would be considered family income.

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C.7. Income Eligibility, Continued

Household, definition (continued)

- **Joint custody:** In cases where joint custody has been awarded, the child is part of the household where he/she resides most often, or that of the custodial parent. Income should be based and benefits supplied to the household where the participant resides most frequently.
If the child resides with both parents equally, the child is counted in the family size where the child lives when the determination is made. The child is not counted in the family size of the other parent/guardian.
- **Military personnel serving overseas or assigned to a military base,** even though not living with their families, should be considered members of the economic unit.

WIC income guidelines

The following table defines the income limits for the Utah WIC Program, effective July 1, 2002 through June 30, 2003.

Household Size	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
1	16,391	1,366	683	631	316
2	22,089	1,841	921	850	425
3	27,787	2,316	1,158	1,069	535
4	33,485	2,791	1,396	1,288	644
5	39,183	3,266	1,633	1,508	754
6	44,881	3,741	1,871	1,727	864
7	50,579	4,215	2,108	1,946	973
8	56,277	4,690	2,345	2,165	1,083
9	61,975	5,168	2,583	2,385	1,193
10	67,673	5,646	2,821	2,605	1,303
11	73,371	6,124	3,059	2,825	1,413
12	79,069	6,602	3,297	3,045	1,523
13	84,767	7,080	3,535	3,265	1,633
14	90,465	7,558	3,773	3,485	1,743
15	96,163	8,063	4,011	3,705	1,853
16	101,861	8,514	4,249	3,925	1,963
Each additional family member add	5,698	478	238	220	110

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C.7. Income Eligibility, Continued

Definition of income

Income is the total gross amount received by any and all members of a household from the following sources.

Income	Example	Proof of Income
Monetary compensation for services	<ul style="list-style-type: none">• Wages or salary, including child care/babysitting, Avon sales, etc.• Seasonal or part-time work• Commissions• Fees• Consultant fees• Tips• Training stipends, except where elsewhere excluded• GI Bill funds	<ul style="list-style-type: none">• Current pay stub(s) from all sources noting the pay time frame (weekly, bi-weekly, monthly, etc.)• Signed statement from employer indicating gross cash earnings for a specified period• Income tax return for the most recent calendar year
Military pay	<ul style="list-style-type: none">• Basic pay• Food (BAS) and clothing cash allowances• Military bonuses• CONUS COLA• FSSA	<ul style="list-style-type: none">• Recent Leave and Earnings Statement
Public assistance or welfare payments	<ul style="list-style-type: none">• Family Employment Program• Supplemental Security Income (SSI)• General Assistance	<ul style="list-style-type: none">• Check stub/award letter stating current amount of earnings
Alimony and child support	<ul style="list-style-type: none">• Payments received	<ul style="list-style-type: none">• Divorce decree• Award letter• Copy of check received• Letter from source
Unemployment compensation	<ul style="list-style-type: none">• Workers compensations• Strike benefits from union funds• Severance pay	<ul style="list-style-type: none">• Unemployment letter/notice

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C.7. Income Eligibility, Continued

Definition of income (continued)

Income	Example	Proof of Income
Other cash income	<ul style="list-style-type: none">• Not limited to: Cash amount received or withdrawn from any source including savings, investments, trust accounts and other resources which are readily available to the family	<ul style="list-style-type: none">• Bank or account statements indicating regular draws on the account(s)
Regular contributions	<ul style="list-style-type: none">• From persons not living in the household• Allowances from other family members	<ul style="list-style-type: none">• Letter from person contributing resources to the household
Rent received	<ul style="list-style-type: none">• Payments received	<ul style="list-style-type: none">• Income tax return for the most recent calendar year
Any assets drawn down	<ul style="list-style-type: none">• Withdrawals from a bank• Sale of property• Sale of a house• Sale of a car	<ul style="list-style-type: none">• Bank or account statements indicating regular draws on the account(s)• Bill of sale
Garnished Wages and Bankruptcy Income		<ul style="list-style-type: none">• Current pay stub(s)
Worker's compensation	Insurance payments or compensation for injury	
Pensions and annuities	Pensions or retirement benefits paid to the retired or their survivors either directly or through an insurance agency.	

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C.7. Income Eligibility, Continued

Definition of income (continued)

Income	Example	• Proof of Income
Self-employment <ul style="list-style-type: none">• Nonfarm	Gross receipts minus expenses. <ul style="list-style-type: none">• Gross receipts are the value of all goods sold and services rendered.• Expenses include costs of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes. Not included as net income: the value of sellable merchandise consumed by the proprietors of retail stores.	<ul style="list-style-type: none">• Income tax return for the most recent calendar year• Accounting records for the self-employed
Self-employment <ul style="list-style-type: none">• Farm	Gross receipts, minus operating expenses, from the operation of a farm. <ul style="list-style-type: none">• Gross receipts are the value of all products sold, government crop loans, money received from rental of farm equipment, receipts from the sale of wood, etc.• Operating expenses include cost of feed, fertilizer, seed, various farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes, etc. Not included as income: value of fuel, food or other farm products used for family living.	<ul style="list-style-type: none">• Income tax return for the most recent calendar year• Accounting records for the self-employed

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C.7. Income Eligibility, Continued

Definition of income (continued)

Income	Example	Proof of Income
Dividends or Interest	<ul style="list-style-type: none">• On savings or bonds• Income from estates• Income from trusts	<ul style="list-style-type: none">• Income tax return for the most recent calendar year• Bank or account statements
Social Security	<ul style="list-style-type: none">• Payments received	<ul style="list-style-type: none">• Check stub/award letter from Social Security stating current amount of earning/bank statements
Government Civilian Employee	<ul style="list-style-type: none">• Military retirements• Pensions• Veteran's payments• Private pensions• Annuities	<ul style="list-style-type: none">• Annual statement that shows monthly amount of retirement income

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C.7. Income Eligibility, Continued

Definition of exclusions

The following cannot be counted as income.

Source	Example
Assistance received from Federal programs	Medicaid Food Stamps School Lunch Family Day Care Food Program Child Care and Development Block Grant payments* public housing home energy assistance youth employment programs relocation assistance
Military Family Housing Allotment	off-base cash housing allowance value of in-kind benefits for on-base housing (BAH) OCONUS COLA (cost-of-living given to military personnel stationed outside the continental states of the United States)
Education	Tuition loans, educational grants, and scholarships, funded through Title IV of the Education Act of 1965 (Pell grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, College Work Study, etc.) Carl D. Perkins Vocational Education Act Veteran's Educational Act of 1984 *Scholarship/grants for attendance but not to include room and board and dependent care expenses
Volunteers	Under Title 1 (vista, etc.) Under Title II (Retired Senior Volunteer Program, foster grandparents, etc.) Under the Small business Act *If payment becomes a regular weekly income, it is to be considered income
Tax refunds	Federal, state or local government

*Note: Child support and alimony payments paid **by** an applicant cannot be excluded from their income.

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C.7. Income Eligibility, Continued

**Definition of
exclusions
(continued)**

The following cannot be counted as income.

Source	Example
Loans	Which must be repaid
Child's income	<u>Occasional earnings</u> , such as: income from babysitting, mowing lawns
Lump sum	Insurance payments for fire and flood damage to a house if used for replacement
Non-cash benefits	Such as: employer-paid portion of health insurance and other employee fringe benefits, food and rent received in lieu of wages
Other sources	Agent Orange Compensation Exclusion Act Wartime Relocation of Civilians under the Civil Liberties Act of 1988 Relocation Assistance for members of Navajo and Hopi Tribes Land held in trust for Indian tribes, including: Ute, Goshute, Skull Valley Goshute, Southern Piute, Northwestern Band of Shoshone Job Training Partnership Act Disaster Relief and Emergency Assistance Act Old Age Assistance Claims Settlement Act, except for per capita shares in excess of \$2000 Judgment Award Authorization Act

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C.7. Income Eligibility, Continued

Policy: The policy and procedure for automatic income eligibility are described in the following table.
Automatic income eligibility

Definition	<p>Applicants are eligible for WIC, regardless of household gross income, if they provide current proof of one of the following:</p> <ul style="list-style-type: none">• currently receive Food Stamps, Medicaid, or Family Employment Program• presumptively eligible for Medicaid or Family Employment Program• If a <u>pregnant woman</u> or <u>infant</u> currently receives Medicaid, all members of the family are income eligible for WIC.• If <u>any</u> member of the family currently receives the Family Employment Program, all family members are eligible for WIC. <p>Note: Assistance given to a foster child cannot be used for automatic income eligibility.</p> <p>Note: CHIP does not qualify applicants as being automatically income eligible.</p>
Procedure	<p>When an applicant is automatically income eligible, they must:</p> <ul style="list-style-type: none">• provide verification of enrollment in one of the above programs,• provide proof of income or self-declare household income. <p>Note: if the applicant does not wish to self-declare income or cannot provide this information, the clinic enters 99999 in the income field on screen 102.</p>
Verification	<p>Verification of program enrollment may include:</p> <ul style="list-style-type: none">• current Medicaid card, or• letter from Human Service agency verifying current eligibility. <p>Note: Food Stamp Horizon cards may not be used as proof.</p>
Documentation	<p>If the applicant qualifies based on Medicaid enrollment, the Medicaid number must be entered on screen 102.</p> <p>If the applicant qualifies because a family member receives Medicaid or Family Employment Program, enter code 45 in the public assistance field on screen 102.</p>
Continuation of benefits	<p>Participants cannot be removed from the WIC program if they are no longer receiving Medicaid, Food Stamps, or the Family Employment Program during their certification period.</p>

Continued on next page

C.7. Income Eligibility, Continued

Procedure: Procedures for income verification are described below.
Income verification

First contact information	When a certification appointment is scheduled, clinic staff must tell the applicant or participant that proof of income is required and what documentation is required as proof of income.
Cash income	In rare situations, an applicant may work for cash. In this incidence, the applicant may self-declare their income. They must also write a statement why they cannot provide documentation of income and sign on the R&R.
Income verification completed	When income is verified, enter “type of proof provided” in the computer. Documentation need not be copied but should be returned to the applicant.
Documentation	Upon verifying income, the staff member must sign the designated line on the applicant’s Rights and Responsibilities form.
Telephone confirmation of income	Applicants are expected to provide documents to confirm income and/or participation in an assistance program. However, when the applicant has difficulty obtaining proof of income, a local clinic can confirm that the applicant receives such benefits and/or income by telephone contact to the appropriate source, with prior approval from the applicant.
No income verification at certification visit	<p>If income verification is not provided at the certification visit, the clinic should complete the certification based upon the applicant’s self-declaration of income. Vouchers may not be issued until proof of income is provided.</p> <p>If an applicant is unable to provide proof of income and the requirement would present an unreasonable barrier to the participant, proof of income may be waived. This exception would apply to a victim of theft, loss, or disaster, a homeless individual, a migrant, or an illegal alien.</p>

Continued on next page

C.7. Income Eligibility, Continued

**Procedure:
income
calculation**

The following table describes how to calculate income from the previous month's checks, manually or using the computer. The computer program calculates annual income, based on the frequency of pay and quantity entered by clinic staff.

The computer will determine income eligibility based on household size and annual income. If income exceeds the Federal guidelines, the certification may not be completed.

IF the pay frequency is	AND the amount is	THEN enter into UWIN	OR hand calculate
Monthly	always the same	enter one check as monthly (MO)	multiply one check times 12
Monthly	different	see "fluctuating income" on next page	
Every two weeks (26 times per year)	always the same	enter one check from the previous month as every 2 weeks (2W)	multiply check by 26
Every two weeks (26 times per year)	different	add checks together and divide by two; enter the amount as every 2 weeks (2W)	add checks together and multiply by 13
Twice each month (24 times per year)	always the same	enter one check into the computer as bimonthly (BM)	multiply check by 24
Twice each month (24 times per year)	different	enter each check as monthly (MO)	add checks together and multiply by 12

Continued on next page

C.7. Income Eligibility, Continued

Procedure: income calculation (continued)

IF the pay frequency is	AND the amount is	THEN enter into UWIN	OR hand calculate
Weekly	always the same	enter one check as weekly (WK)	multiply one check by 52
Weekly	different	add all checks from one month together, divide by 4 and enter as weekly (WK)	add checks together and multiply by 12
A combination of the above (e.g., monthly Family Employment Program grant and a job that pays every two weeks)		enter checks from each source separately, as described above.	calculate separately as described above and add together

Continued on next page

C.7. Income Eligibility, Continued

Procedure:
Special income
situations

Zero income	<p>Applicant who reports zero income (not receiving income from any programs or sources) shall be allowed to use self-declaration.</p> <p>Staff must document the applicant's responses to the following questions printed on the Rights and Responsibilities form.</p> <ol style="list-style-type: none">1) Where is the family getting their food?2) Where is the family living?3) How long has the family been without income?4) Where does the family expect to receive income from and when will it start?
Fluctuating and Irregular income	<p>A family's normal level of income is low due to infrequency or irregularity of employment. This applies to families with individuals who are employed but not currently receiving income. Includes, but not limited to:</p> <ul style="list-style-type: none">• construction workers• seasonal agricultural workers• self-employed persons• teachers• persons on extended leave due to childbirth or illness <p>Income is determined using annual, rather than monthly, income.</p>
Bonuses/ Overtime	<p>If a bonus is only received one-time, enter the amount as yearly income. If the applicant frequently receives bonuses, enter as their current rate of income.</p>
Lump sum payments	<p>A lump sum payment is a large sum of money received by the participant at one time. Lump sum payments are counted as annual, not monthly income.</p> <p>The exception to lump sum payments is if the payment is an insurance payment. This type of payment is a "reimbursement," not income and should not be included.</p>

Continued on next page

C.7. Income Eligibility, Continued

Special income situations (continued)

Unemployed persons	Income is determined using their current rate of income.
Self-sufficiency	<p>When an applicant is living within a household of other adults, they may be considered a separate household and income from the other adults may not be required for determining eligibility. The following guidelines should be used to determine if the applicant is a separate household.</p> <ul style="list-style-type: none">• The applicant can provide current eligibility of Food Stamps, Medicaid or the Family Employment Program.• The applicant can verify their status as an emancipated minor (as determined by the Court)• The applicant is paying for the majority of their living expenses such as food, clothing, daycare, diapers, and transportation.
Joint custody	<p>When there is joint parental custody, the child(ren) spend equal time in each home and both parents are income eligible, the following options are suggested:</p> <ul style="list-style-type: none">• ask the parents to come to an agreement between themselves, as to which will be the endorser. They would then be responsible see that half of the food go with the child(ren) to the other parent's home.• if the parents have court papers with instructions relating to issues such as this, they should be requested to bring them to the WIC clinic• whichever parent comes into the WIC clinic first would be the endorser. The first parent would be instructed to see that half of the food go with the child(ren) to the other parent• make 1 parent a proxy and share vouchers <p>When there is joint parental custody, the child(ren) spend more time with one parent than the other:</p> <ul style="list-style-type: none">• the parent who has the child the most should be the endorser

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C.7. Income Eligibility, Continued

**Policy:
Income
ineligible
during
certification
period**

A participant may be found ineligible, based on income, at any time during the certification period. Clinic staff must follow these procedures:

- 1) Issue 15 days vouchers.
 - 2) Update the income fields on screen 102.
 - 3) Issue a Letter of Ineligibility, giving the participant 15 days' notice of termination.
 - 4) Terminate the participant.
-

C.8.1. Laboratory Procedures

Introduction

Laboratory procedures required for WIC program eligibility include height/length, weight, OFC (head circumference), and hematocrit/hemoglobin. This section will describe policies and procedures for collecting this screening data.

**In this
subsection**

This subsection contains the following topics.

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C.8.1. Laboratory Procedures, Continued

Required lab screening data

Category and Age	Required Data	Required Charting
Infant < 7 months	<ul style="list-style-type: none"> • OFC • Weight • Recumbent length 	Birth to 36 month growth chart <ul style="list-style-type: none"> • OFC for age • Length for age • Weight for age • Weight for length
Infant 7-11.9 months	<ul style="list-style-type: none"> • OFC • Weight • Recumbent length • Hematocrit 	Birth to 36 month growth chart <ul style="list-style-type: none"> • OFC for age • Length for age • Weight for age • Weight for length
Child 12-23.9 months	<ul style="list-style-type: none"> • Weight • Recumbent length • Hematocrit 	Birth to 36 month growth chart <ul style="list-style-type: none"> • Length for age • Weight for age • Weight for length
Child = 24 months	<ul style="list-style-type: none"> • Weight • Standing height • Hematocrit 	2-20 year growth chart <ul style="list-style-type: none"> • Height for age • Weight for age • Weight for height
Pregnant Woman	<ul style="list-style-type: none"> • Prepregnant weight • Current weight • Height • Hematocrit 	Prenatal Weight Gain Grid <ul style="list-style-type: none"> • Prepregnancy BMI • Current weight • Bimonthly weight gain
Breastfeeding and Postpartum Woman	<ul style="list-style-type: none"> • Prepregnant weight • Total weight gain • Current weight • Height • Hematocrit 	

Continued on next page

C.8.1. Laboratory Procedures, Continued

Who collects laboratory screening data?

A trained laboratory or clerical staff member usually obtains the laboratory screening data. Prior to working in the lab, staff must complete the Anthropometric and Biochemical Assessment Training Modules, pass post tests and complete the procedures on the Application Checklists. Documentation must be kept at the clinic by the module preceptor.

When to collect laboratory screening data

- Laboratory screening data must be collected at each certification visit for all applicants unless referral data are used. This includes height, weight, head circumference (if < 1 year), and hematocrit (if = than 7 months).
 - All pregnant women are to be weighed and weight gain graphed at each clinic visit including class and follow-up.
 - High risk participants who are anemic, underweight, or who have inadequate growth may need additional measurements taken during their certification. See Nutrition Risk Factor Section for required follow-up.
-

Using referral data

A referral form is available for recording screening data that are collected from other medical providers outside the WIC clinic. Staff must document the source of medical data in the participant's WIC file, if collected outside of the WIC clinic.

Data obtained within the past 60 days can be used. Data collected for women must be reflective of their category (i.e. collected during pregnancy for a pregnant woman).

Enter the date the data were collected in the ANTHRO DATE field on screen 104 (women) or 105 (for infants and children). Plot the growth grid using the date the data were collected. The certification period will begin the date of the certification not the anthro date.

A copy of the Referral form is found in the Forms Section.

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C.8.2. Anthropometric Data

Calculating ages for children

Calculating Ages

0-23.9 months	The UWIN computer system will calculate age and display it on the participant demographics screen. For infants up to one year, UWIN calculates age to the tenth of a month. Round to the nearest 1/2 month and plot on Birth to 36 Month Growth Chart.	
UWIN		
.0-.2	0-7 days (= 1 week)	round to the previous month
.3-.7	8-20 days (b/n 1 and 3 weeks)	round to the 1/2 month
.8-.9	21-30 days (= 3 weeks)	round up to the next month
2-5 years	Calculate to the nearest month and plot on the 2-20 Year Growth Grid.	
UWIN		
.0-.5	0-15 days	round to the previous month
.6-.9	16-30 days	round to the next month

Continued on next page

C.8.2. Anthropometric Data, Continued

**Measuring OFC:
infants
< 12 months****OFC for Infants <12 months**

Step	Action
1	Hold infant securely throughout the procedure.
2	Remove bows, barrettes, and hats.
3	Thread small end of the measuring tape through the smaller slot from underneath so that the ends of the tape are available to tighten with both hands.
4	Place tape above ears, just above the ridges of the eyebrows, covering the most prominent part of the forehead in front and around the occipital prominence at the back of the head.
5	Read measurement to the nearest 1/8 inch.
6	Graph OFC on the Birth to 36 Month Growth Chart and record in the computer.
7	If accuracy of measurement is questioned, repeat the procedure.

**Measuring
length: infants
< 24 months****Length for Infants <24 months**

Step	Procedure
1	Measure children less than 24 months lying down on back.
2	Remove bows, barrettes, and hats and shoes.
3	Hold head firmly against the headboard.
4	Hold knees together keeping spine and legs straight and centered on board.
5	Bring footboard against heels with toes pointing upward, feet flexed.
6	Read length to the nearest 1/8 inch.
7	Graph length on Birth to 36 Month Growth Grid and record in the computer.
8	If accuracy of measurement is questioned, repeat the procedure.

Continued on next page

C.8.2. Anthropometric Data, Continued

**Measuring height:
children
= 24 months and
adults**

Height for Children = 24 months and Adults

Step	Procedure
1	Measure standing height on children two years of age and older, and women.
2	Remove bows, barrettes, and hats and shoes.
3	Have participant stand against measuring tape with shoulder blades, buttocks, and heels touching the tape measure and feet flat on floor, knees together, legs and back straight and arms at sides.
4	Slide headboard down to meet crown of head and create a right angle.
5	Read measurement to nearest 1/8 inch.
6	Graph height on 2-20 Year Growth Chart and record in the computer.
7	Calculate women's BMI from pregravid weight and current height and plot current weight gain on Prenatal Weight Gain Grid at appropriate weeks gestation.
8	If accuracy of measurement is questioned, repeat the procedure.

**Measuring weight:
infants
< 24 months**

Weight for Infants < 24 months

Step	Procedure
1	Weigh infants < 24 months of age on an infant scale.
2	Place a clean paper sheet on scale prior to weighing.
3	Balance scale at zero prior to weighing.
4	Remove clothing.
5	Check to make sure diaper is dry.
6	Place infant in the center of the scale.
7	Read weight to the nearest ounce.
8	Graph weight on Birth to 36 Month Growth Chart and record in the computer.
9	If accuracy of measurement is questioned, repeat the procedure.

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C.8.2. Anthropometric Data, Continued

**Measuring
weight:
children = 24
months and
adults**

Weight for Children = 24 months and Adults

Step	Procedure
1	Balance scale at zero prior to weighing.
2	Remove shoes and outerwear (including sweaters and jackets).
3	Have participant stand in the center of scale.
4	Read weight to nearest 1/4 pound.
5	Subtract the appropriate amount of weight from child's weight based on clothing worn from chart entitled "Weight Adjustments for Children's Clothing (2-5 Years)."
6	Record adjusted weight in the computer and graph on 2-20 Year Growth Chart.
7	Calculate women's BMI from pregravid weight and present height and plot present weight on Prenatal Weight Gain Grid at appropriate weeks gestation.
8	If accuracy of measurement is questioned, repeat the procedure.

**Clothing
adjustment**

Weight Adjustments for Children's Clothing (2-5 years)

Clothing Category	Examples	Amount to Deduct
Light Weight	<ul style="list-style-type: none">• shorts and tee shirt• lightweight dresses	1/4 pound
Medium Weight	<ul style="list-style-type: none">• lightweight long pants and shirt• jumper and shirt• dress with heavier fabric	1/2 pound
Medium-Heavy Weight	<ul style="list-style-type: none">• medium weight corduroys or denim pants• cut off jeans, and shirt	3/4 pound
Heavy Weight	<ul style="list-style-type: none">• standard denim jeans and shirt	1 pound

Continued on next page

C.8.2. Anthropometric Data, Continued

Selecting growth charts

Selecting the Appropriate Growth Chart

Growth Grid	When to Use
Birth to 36 Months	<ul style="list-style-type: none"> This chart is used for infants and children up to their 2nd birthday to determine <i>eligibility</i>. Infants and children < 2 years must be measured lying down. Occasionally, this growth chart can be used for children from 2 to 3 years of age for determining a more accurate status of their length or weight to use for <i>counseling purposes only</i>, especially if a child is small (i.e., = 10th percentile or below). Child should be measured lying down. Reason for using the Birth to 36 Month Growth Chart should be documented.
2 to 20 Years	<ul style="list-style-type: none"> This chart is used when plotting measurements of children = 2 years of age (beginning on the second birthday) and for whom height (child standing up), instead of length, (child lying down) was measured.
Prenatal Weight Gain Grid	<ul style="list-style-type: none"> Use this chart to plot prepregnancy BMI (Body Mass Index) and weight gain for pregnant women. Prepregnancy and postpartum BMIs are calculated by the computer.

Plotting growth charts

Plot the following measurements for each category of participant:

Measurement Plotted	Woman			Infant	Child	
	P	B	N	0-11.9	12-23 mo	= 24 mo
Height/Age						X
Length/Age				X	X	
Weight/Age				X	X	X
BMI for age						X
Length/Weight				X	X	
OFC/Age				X		
Prepregnancy BMI	X					
Prenatal Wt. Gain Grid	X					

Continued on next page

C.8.2. Anthropometric Data, Continued

Routine maintenance of scales and measuring boards The following policies must be followed for each piece of laboratory equipment:

Scales	<p><u>Daily:</u></p> <ul style="list-style-type: none">◇ Scales should be placed on a hard, non-carpet surface. If the area is carpeted, place the scale on a piece of plywood or a standing base.◇ Check that scales balance at zero, daily, and after weighing every participant, by moving the ounce and pound weights to zero until the arm rests in the center. Check digital scales between measurements to ensure zero reading. If scales do not balance at zero, notify supervisor for scale to be serviced.◇ Clean scales every day it is in use. Check for wear and broken or faulty parts.◇ Record cleaning, repair, & replacement on the maintenance sheet for each scale. <p><u>Yearly:</u></p> <ul style="list-style-type: none">◇ Have scales inspected yearly by the Utah Department of Agriculture, Weights and Measures, Market Licensing Division (801) 538-7159.<ul style="list-style-type: none">• If scales pass inspection, you will receive a Utah Department of Agriculture Seal that will be dated and placed directly on your scale.• If scales do not pass inspection, the inspector must complete a “Small and Medium Scale Inspection Report.” Make a copy and place it on the wall above the scales. Make other arrangements for weighing while scales are being serviced.◇ Contact the State WIC Office advising them of the problems with your scales. Continue to use the scales until the state responds regarding the need for repair, and approval or disapproval to use the equipment.
Measuring Boards	<p><u>Daily:</u></p> <ul style="list-style-type: none">◇ Clean measuring boards with disinfectant each day they are in use.◇ Check for wear and broken or faulty parts. <p><u>Quarterly:</u></p> <ul style="list-style-type: none">◇ Check all boards for accuracy by:<ul style="list-style-type: none">• using a metal measuring tape;• checking for slippage on wall mounted boards;• checking the right angle on head and foot boards.◇ Record cleaning, repair, & replacement on the maintenance sheet for each measuring board.

Continued on next page

C.8.3. Biochemical Data

Lab safety

- WIC programs should follow the local agency or health department policy on handling body fluids.
- The Utah State Department of Health's recommendation is to follow the Center for Disease Control's (CDC's) "Universal Precautions for the Prevention of Transmission of H.I.V., Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings" published in the Morbidity and Mortality Weekly Report, June 24, 1988. A copy of this report, which is available from the Utah Department of Health Bureau of Epidemiology, is included as an appendix to the Biochemical Assessment Training Module.
- All WIC clinics must have a CLIA (Clinical Laboratory Improvement Amendment) waiver on file or meet the National Committee for Clinical Laboratory Standards requirements. For information on obtaining a CLIA waiver contact:

Health Care Financing Administration
Attention: CLIA Laboratory Inquiry
PO Box 26687
Baltimore, MD 21207-0487

Continued on next page

C.8.3. Biochemical Data, Continued

Hematocrit procedures

Hematocrit	
Step	Procedure
1	Choose a separate area for drawing blood (other than desktop).
2	Put on gloves.
3	Prepare equipment in advance.
4	Use a pediatric lancet and platform for infants and children.
5	Use an adult lancet and platform for adults.
6	Explain to the participant/guardian why the hematocrit is taken and how it will be done.
7	If participant's hands are cold, have them warm them by rubbing together or running under warm water.
8	Use the middle finger for drawing blood. Avoid fingers with rings.
9	Wipe the puncture site with alcohol and allow to thoroughly air dry or dry with sterile gauze.
10	Applying pressure, puncture the finger between the ball of the finger and side.
11	Wipe the first drop of blood away with sterile gauze.
12	Apply light pressure, but do not "milk" the finger.
13	Fill the tube to the designated level, and seal the opposite end (non-blood end).
14	Spin tube(s) per manufacturer's instructions.
15	Use approved reading device.
16	Read and record results in computer.
17	If the accuracy of the test is questioned, repeat the test.

Continued on next page

C.8.3. Biochemical Data, Continued

**Bloodwork
policy**

Infants/children between 9-18 months are at the highest risk of any group for iron deficiency. Therefore, CDC recommends two screenings during this vulnerable time.

Blood tests should not routinely be taken for infants less than 9 months of age, but may be permissible, on an individual basis, under the following situations:

- preterm or low birthweight infants
- formula fed infants who have been routinely fed low iron formula
- other high risk infants who the CPA/RD determines to be at risk for anemia before 9 months of age.

Infants applying for the program between 7-8 months should have their hematocrit screened at their certification visit. Hematocrit screening between 7-9 months should be a rare occurrence.

Children age 2-5 must have a hematocrit screening at least once every 12 months. For those children with a low hematocrit result at their last certification, a hematocrit check is required at 6 months intervals.

All pregnant women must have their hematocrit checked at their initial certification visit. For breastfeeding and postpartum women, the hematocrit must be performed after the termination of their pregnancy. For breastfeeding women who are 6-12 months postpartum, no additional screenings are necessary if a test was performed after the termination of their pregnancy.

Continued on next page

C.8.3. Biochemical Data, Continued

Timeframes to Collect Bloodwork Data

Women			Infants		Children	
P	B	N	< 7 mos	7-12 mos	1-2 years	2-5 years
At prenatal certification visit	At postpartum certification visit	At postpartum certification visit	No bloodwork required*	At certification	At each certification visit *	Once every 12 months**

If	Then
Not anemic	follow the above schedule
Anemic	hematocrit every 6 months until anemia is resolved (except pregnant women, who will be retested at their postpartum visit)
Severe Anemia	follow as high risk

* Children between 9-18 months of age are at the highest risk of any group for iron deficiency. Therefore, CDC recommends two screenings during this vulnerable time.

** For example, a child screened at 18 months whose results were within the normal range would not require another blood test until 30 months of age.

Continued on next page

C.8.3. Biochemical Data, Continued

**Exceptions for
collecting
blood**

The only circumstances which would preclude drawing blood are:

- if an applicant's religious belief won't allow him/her to have blood drawn;
- if an applicant has a medical condition, e.g. hemophilia, fragile bones (osteogenesis imperfecta), or a serious skin disease, in which the procedure of collecting blood could cause harm to the applicant.

In the case of one of the above medical conditions, local agencies should make every effort to obtain referral data from the applicant's health care provider. However, in accordance with USDA policy, the applicant cannot be required to obtain such data at their own expense.

- If blood is not drawn for one of the above reasons, enter a "99" in the hematocrit/hemoglobin field on screen 104 (infants and children) or 105 (women) and document the reason for exclusion of the test in screen 108 or in the participant's chart.

Continued on next page

C.8.3. Biochemical Data, Continued

Routine maintenance for centrifuges

Centrifuges	<p><u>Daily:</u></p> <ul style="list-style-type: none">• Clean centrifuges every day they are in use. Follow the manufacturer's directions.• Record cleaning on maintenance sheet for each separate centrifuge. <p><u>Monthly/Quarterly:</u></p> <ul style="list-style-type: none">• Maintenance Procedures<ul style="list-style-type: none">• <u>Time frames</u> - If your clinic does less than 200 hematocrits monthly, you must perform the maintenance schedule quarterly. All other clinics must perform the maintenance schedule monthly.• <u>Whole Blood Controls</u> - Obtain whole blood controls from one of the suppliers. This control should contain at a minimum one normal value and one either high or low value. Run these on your machine according to the manufacture's directions. Read the results and compare to the known values. This method helps you check the accuracy of your machine and the technique of the staff member. It is best done without the technician knowing the known value prior to the actual procedure being done. Record the results of the procedure and the known values on the Centrifuge Maintenance form found in the Forms Section and keep these records on file.• <u>Timing Procedure</u> - Check the timer of the centrifuge. Check the time (1, 2, 3, or 5 minutes) that the manufacturer indicates as the amount of time to spin your samples. Use an accurate stopwatch. Record this information on Centrifuge Maintenance form. <p><u>Annually:</u></p> <ul style="list-style-type: none">• Check the speed/RPMs yearly. The minimum acceptable RPM is different for each machine. The RPMs must be spinning within the manufacturer's specifications. Read the owner's manual and check the RPMs of your machine against the owner's manual.• Have machines cleaned and parts checked yearly by a qualified repair person.• All records of cleaning, repair and replacement should be recorded on the maintenance sheet for each centrifuge.
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C.9. Nutrition Risk Assignment

**In this
subsection**

This subsection contains the following topics:

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C.9. Nutrition Risk Assignment, Continued

Nutrition risk definition

Nutrition risk is defined as:

- detrimental or abnormal nutritional conditions detectable by biochemical and/or anthropometric measurements;
- inappropriate dietary patterns or nutritional inadequacies that impair and/or endanger health, or;
- conditions that predispose persons to inadequate nutritional patterns or nutrition related conditions.

Nutrition risk factor definition

Nutrition risks factors include specific conditions which meet the above criteria. For a detailed description of each nutrition risk factor, see Section D “Nutrition Risk Factors”

Nutrition Risk Factors:

- have a **code number** assigned for easy reference
- apply to specific categories of applicants
 - Pregnant - (**P**)
 - Postpartum - (**N**)
 - Breastfeeding - (**B**)
 - Infant - (**I**)
 - Child - (**C**)
- have a “priority” assigned of **1** through **7**. Priority 1 indicates highest nutrition risk and priority 7 indicates the lowest nutrition risk. Applicants will be assigned the highest priority of all nutrition risk factors entered in the computer. This is important; if caseload management is implemented, the lower priority participants may not qualify.
- those that potentially place the participant at greatest nutritional risk, are defined as “**High Risk**” by the Utah WIC Program

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C.9. Nutrition Risk Assignment, Continued

Assigning nutrition risk factors at certification

At certification, the CPA determines nutrition risk based on laboratory data, information provided on the medical forms and dietary forms, and information reported during the counseling session.

Each applicant must be assigned at least one nutrition risk factor to qualify for the WIC program. All nutrition risk factors are entered in computer screen 106.

The UWIN computer system will automatically assign risk factors based on objective data collected. Risk factors based on subjective data cannot be auto assigned.

A maximum of eight risk factors may be entered in the UWIN computer system. If a participant has more than eight risk factors, the risk factors which place the participant at highest risk should be recorded in the computer.

Purpose of the nutrition risk assessment

The purpose of the WIC nutrition risk assessment and counseling session is to:

- provide a basic assessment of the nutritional status of each participant
 - provide information on general nutrition during critical growth periods
 - provide basic counseling regarding each risk factor
 - explain the importance of the nutrition education component of the WIC Program
 - select a food package which is appropriate for the participant's category and risk
 - schedule future nutrition contacts that will be appropriate for the participant's category and risk status
 - provide appropriate referrals
 - identify high risk participants who would benefit from individualized follow-up by a Registered Dietitian in the WIC Program
 - ultimately, improve the long term health and nutrition status of the women and children enrolled in the WIC Program
-

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C.9. Nutrition Risk Assignment, Continued

CPA's responsibilities at certification

CPA's responsibilities at certification include:

- Review with applicant all applicable forms including medical and diet histories. All forms must be signed and dated by applicant and CPA.
- Review applicant's Growth Chart or Weight Gain Grid.
- Assign all nutrition risk factors. Counsel on each.
- Review Nutrition Education Contact Sheet. All requirements must be met for core contact, general education and applicable NRF sections. Initial and date indicating this was completed.
- Review with applicant Authorized Food List, ID/voucher packet and the Rights and Responsibilities form.
- Make appropriate referrals to public health services.
- Assign an appropriate food package that meets the participant's nutritional needs.
- Schedule appropriate nutrition education contact for each visit
- For High Risk Participants
 - document a High Risk Care Plan in participant's chart
 - schedule an individual contact with a Registered Dietitian at next visit

Policy on high risk participants

Each high risk participant must have:

- a High Risk Care Plan (HRCP) documented in the participant's chart at the time of certification by a CPA or RD
- an individual second contact with a Registered Dietitian at the next visit. RD must document a plan for continued education/follow-up or resolution of nutrition risk factor(s) at the second contact.

Each agency must have a consistent method (i.e. progress notes, high risk form, screen 108, etc) for documenting high risk care plans.

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C.9. Nutrition Risk Assignment, Continued

- Phone contacts** Phone contacts or telehealth may be substituted for an individual second contact with the Registered Dietitian (RD) or Lactation Educator (CLE/LE) when:
- the dietitian or lactation educator cannot be scheduled to meet individually with the participant within the required time frame **AND**
 - the exchange of information required during the follow-up appointment is minimal, can be obtained over the phone, and a physical assessment (i.e. height, weight, hematocrit, observation of breastfeeding, etc.) is not required **AND**
 - the participant has a permanent phone number where she can be reached easily and she agrees to participate in a phone counseling session.

All phone contacts must be documented in the participant's chart

- Required data** The table below shows the required data for each category when determining NRF at certification.

REQUIRED DATA PER CATEGORY

Data collected	Woman			Infant		Child	
	P	B	N	0-6.9 mo	7-11.9 mo	12-23 mo	2-5 yrs
Standing height	x	x	x				x
Recumbent length				x	x	x	
OFC (head circumference)				x	x		
Weight	x	x	x	x	x	x	x
Hematocrit or hemoglobin	x	x	x		x	x	x
Medical history	x	x	x	x	x	x	x
Food frequency	x	x	x			x	x
Nutrition and medical history				x	x		

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C.9. Nutrition Risk Assignment, Continued

Data assessment

Required forms need to be completed and signed by the applicant. These forms provide information to determine risk other than those based on laboratory, anthropometric or biochemical data. Laboratory data must also be assessed to determine eligibility.

Medical history

Every applicant must have a completed medical history in his/her chart that is signed by the applicant/endorser and CPA.

The medical history forms ask additional medical history questions that are not asked on the computer, such as:

- pregnancy information
- medical information
- dietary information

Note: Infant's medical history is included on the nutritional history form.

Substance abuse screening

All local WIC programs must provide:

- 1) information on the dangers of drugs and other harmful substances to all prenatal, breastfeeding and postpartum women and the parents or caretakers or child participants.
 - 2) referrals to participants with suspected drug or other harmful substance abuse problems for appropriate counseling, treatment or education program where services are locally available.
 - 3) an up-to-date list of local resources for substance abuse counseling and treatment.
 - 4) basic screening to determine which WIC participants need referral for further assessment, counseling or treatment. In the Utah WIC program, this basic screening is done using the Medical History form.
-

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C.9. Nutrition Risk Assignment, Continued

**Dietary
assessment**

Every applicant must have completed dietary assessment form in his/her chart which is signed.

The “Infant History” forms are used for infants, while “Food Frequency” forms are used for children and adults.

A completed nutrition history for infants must include a 24-hour recall and a food frequency.

Note: If the applicant qualifies for risk factor # 422 Inappropriate Diet, the Food Frequency for women and children must be completed and scored. The Food Frequency does not need to be scored if the participant qualifies for other risk factors.

See the Dietary Module for comprehensive guidelines outlining the nutrition assessment of WIC applicants and participants. These procedures are standardized and must be followed in all clinics.

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C.9. Nutrition Risk Assignment, Continued

Anthro- pometric and biochemical assessment

The WIC training modules “Anthropometric Assessment” and “Biochemical Assessment” provides comprehensive and standardized guidelines for completing anthropometric and biochemical assessments.

Using criteria and exceptions established in the Lab and Nutrition Risk sections (Laboratory Procedures in this section and Nutrition Risk Factor Section).

- Weights and heights must be collected for all applicants.
- Pregnant women must be weighed at each clinic visit and weights plotted on weight gain graphs.
- Postpartum and breastfeeding women must have prepregnancy BMI and total weight recorded.
- Hematocrit and hemoglobin must be collected for certification of all applicants 7 months and older.

The CPA to determine if the applicant qualifies for any anthropometric or biochemical risk factors must assess this data. See the Risk Factor Section for parameters.

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C.9. Nutrition Risk Assignment, Continued

Referrals

Referrals are an integral component of the WIC Program. Helping participants find and use other resources in the community will help provide better total health care for the WIC participants.

Referrals can be provided by informing the participant (verbally or written) of local agencies or services available for assistance. Agencies or services can be directly contacted for referral only with participant's prior approval. Document this in participant's chart.

The clinic must have a current listing of local referral agencies and services. Agencies and services on the listing may include Food Stamps, Family Employment Program, Medicaid (including income limits), Child Support Enforcement, substance abuse treatment, domestic violence, breastfeeding support, well child, immunizations, dental health, family planning, housing, Human Services, migrant services, transportation, and food banks.

Infants and children who have not had a blood lead screening test must be referred to the health care provider for a test.

Nutrition risk priority system

The priority system divides each of the categories (P, N, B, I, C) and the nutrition risk factors into priority **1 - 7** (highest to lowest). When all nutrition risk factors are selected for an applicant, the highest priority is assigned.

Assigning the highest priority is important; if caseload management is implemented, lower priority categories may not qualify.

See Section D "Nutrition Risk Factors" for a complete list of priorities assigned to each risk factor and category of participant.

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C.10. Midcert Health Assessment

Midcert health assessments for infants

Infants enrolled in WIC when < 5 months of age will have a midcert health assessment between 5-8 months. The health assessment will consist of:

- height, weight and OFC recorded and assessed
 - infant history completed and assessed
 - explanation of growth pattern
 - dietary recommendations
 - information on dental health and fluoride
 - assessment of developmental readiness for various solid foods
 - support and continued encouragement of breastfeeding
-

Infant schedule for the 1st year

Age at certification	Age at midcert appointment	Age at next certification/hematocrit
Birth – 2 months	5-6 months	12 months, 18 months
3-4 months	7-8 months	12 months, 18 months
5 - < 7 months	None	12 months, 18 months
7-8 months	None	At cert and 6 and 12 months later
9-12 months	None	At cert and 6 months later

Infants < 6 months of age are certified for the duration of their first year up to the day of their first birthday.

Infants over 6 months of age will be certified at 6 month intervals.

Nutrition education

Infants must receive nutrition education at each clinic visit appropriate for age and nutrition risk factor (see section I).

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C.10. Midcert Health Assessment, Continued

High risk

Conditions of high risk occurring at midcert include any of the following:

Condition	Definition
Underweight	Weight for length $\leq 5^{\text{th}}$ percentile (see NRF 103, section D)
Failure to thrive	See NRF 134, Section D
Inadequate growth	See NRF 135, Section D
Head circumference $\leq 5^{\text{th}}$ percentile	See NRF 152, Section D
Newly diagnosed medical conditions that meet the definition of high risk, including:	<ul style="list-style-type: none"> • Inborn error of metabolism (See NRF 351) • Fetal Alcohol Syndrome (see NRF 382) • Mother with mental problem/substance abuse (see NRF 703) • Elevated blood lead (see NRF 211) • Nutrient deficiency disease (see NRF 341) • Gastrointestinal disorder (see NRF 342) • Diabetes mellitus (see NRF 343) • Renal disease (see NRF 346) • Cancer (see NRF 347) • Breastfeeding complications (see NRF 703)
Low birth weight (LBW) or small for gestational age (SGA) infant still at high risk, with any of the following conditions:	<ul style="list-style-type: none"> • Growth parameters below normal range (adjusted for prematurity) • Requiring special formula • Feeding delay, including • Tube feeding • Not accepting spoon by 7 months of age • Not using fingers to feed self by 9 months of age • Not accepting cup by 9 months • Has not progressed in textures beyond strained pureed foods by 9 months

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Note: LBW and SGA infants who are growing and developing normally at the Midcert Health Assessment (in absence of the conditions listed above) do not require assessment by the RD

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C.10. Midcert Health Assessment, Continued

**High risk,
continued**

If	And	Then
RD at midcert	High risk is resolved	Routine nutrition education
	High risk is not resolved or has developed	High Risk Care Plan by RD
CPA at midcert	High risk is resolved	Routine nutrition education
	High risk is not resolved or has developed	Write High Risk Care Plan and refer to RD

C.11. Voucher Issuance

Food package assignment

A CPA must assign all food packages. The CPA assigning the food package must sign the participant's Medical History.

A CPA must also assign food packages that are changed in the middle of a certification. The CPA must initial the participant's Medical History indicating they assigned the new food package.

Prorating food packages

Food packages can be "prorated" or reduced when less than a full package is needed. The computer, according to the date range between the issuance and base dates, makes prorations automatically. This adjustment is based on 3 ten day periods for the month. The number of days remaining before the base date will determine if the food package will be a 10 day, 20 day or a full package (no proration).

The following are valid reasons to issue a prorated food package.

- When a participant picks up vouchers late.
 - When a participant's next base date is changed.
 - When a participant's termination date is less than 20 days from the issuance date.
-

Proration overrides

A CPA must authorize proration overrides; justification **must** be documented in screen 108.

Below is a list of valid reasons to override a proration.

- participant has special nutritional needs (i.e. participant needs to exchange formula midmonth)
- "late for reasons beyond her control" (i.e. clinic schedule, illness, extreme weather conditions)

Note: the participant must be able to use all of their foods before their next appointment.

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C.11. Voucher Issuance, Continued

Issuing 15 days vouchers Active participants are entitled to 15 days prior notification of termination. If by error, this does not occur, the participant is entitled to stay on program and receive vouchers for up to 15 days.

- participant must be active on the UWIN system
 - enter a date 15 days from today in the “Next Base FI Pickup Date” in screen 301
 - print vouchers
 - terminate the participant using the appropriate term code
 - issue an Ineligibility letter
-

Issuing vouchers prior to recertification If the base date is before the termination date, and the infant or child is due to be recertified, print all remaining vouchers before starting the certification process. Vouchers will not need to be preprinted if the base date is the same as or after the termination date.

All remaining vouchers must be printed for infants, children, and breastfeeding women prior to their recertifying.

C.12. Proxies

Definition	A proxy is a person chosen by the participant to pick up and cash vouchers in place of the participant. Participants should be encouraged to use a proxy in lieu of mailing vouchers.
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Proxy Release form	The proxy must have a Proxy Release form or a written note signed by the endorser indicating a request to have them act as a proxy. Only two proxies are allowed for a single endorser. The Proxy Release form must be updated every six months, or at each certification period.
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Proof of identity	The proxy must show proof of identity at each clinic visit prior to vouchers being issued. See Residency and Identity section for approved forms of identity.
--------------------------	---

Proxy requirements	The endorser is responsible for ensuring the proxy follows the responsibilities as listed.
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The proxy must:

- review and sign R & R form
- sign ID voucher packet
- sign all vouchers received and again at the store.
- attend nutrition education classes and individual counseling sessions.

Clinic staff must emphasize to the proxy and the endorser that the person who signs the voucher at the clinic must also sign the voucher at the store. Both signatures must match.

If the proxy does not follow all WIC responsibilities, the clinic staff should educate the proxy and/or the participant must select a new proxy.

C.13. Transfers

VOC definition A Verification of Certification (VOC) is a document that is issued to WIC participants as proof of eligibility for the program.

VOC description In Utah, the VOC is produced by the UWIN computer system. The document contains the following information :

- Participant name
- Participant ID number
- Date of birth
- Category
- Due date (if applicable)
- Height, weight and hematocrit/hemoglobin
- Priority
- Certification dates (cert and term dates)
- Income determination date
- Nutrition risk factors
- Base date

There is also space for the clinic to sign the form and stamp the form using the local agency stamp.

A copy of the VOC document is found in the Forms Section of this manual.

VOC acceptance All VOC documents must be accepted as proof of eligibility, even if they are incomplete. VOC documents must be accepted from all state and territorial WIC programs as well as the WIC Overseas Program that serves military personnel stationed in another country.

VOCs:

- must contain the participant's name
 - must contain a certification date
 - cannot be expired (note: some states have 1 year cert periods for infants)
 - may have different nutrition risk factors or eligibility standards
 - must be filed in the participant's chart
-

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C.13. Transfers, Continued

VOC acceptance
(continued)

For out of state transfers, enter cert and term dates as printed on the VOC in screen 106.

If the participant is high risk, issue one month's vouchers and schedule for follow-up with a RD for the next month.

VOC issuance

A VOC must be issued to any participant who notifies the clinic they are moving. All participants affiliated with the military who are transferred overseas must also receive a VOC.

At the certification visit, issue a VOC to participants who are members of:

- farmworker families
- homeless families
- families who will be leaving the clinic area. If possible, the participant should be provided with the new clinic address and phone number.

Military participant transferring overseas should be instructed that:

- there is no guarantee the WIC Overseas Program will be in operation at the site where they will be transferred
- by law only certain individuals are eligible for the WIC Overseas Program
- issuance of a WIC VOC does not guarantee continued eligibility and participation in the WIC Overseas Program

Document all VOC issuance in screen 108.

High risk participants

A copy of the High Risk Care Plan must be attached to all VOCs for participants designated as "high risk" who are transferring from the clinic.

Participants receiving non-contract/special formula

A copy of the prescription and documentation of the number of months non-contract or special formula is approved must be attached to all VOCs for participants who are transferring from the clinic.

C.14. Documentation

Required documentation

All participant information must be documented in a consistent area decided upon by the clinic. This may be in the participant's chart or screen 108.

Computer changes

Any changes made by the computer help desk to a participant's information must be documented in screen 108. This includes base date roll-backs, voids that are removed from checks, changes in status and category, etc. Documentation must include the reason the data was changed.

C.15. Immunization Screening and Referral

Immunization screening and referral protocol

The purpose of the minimum screening and referral protocol is to identify children under age two who may be at risk for under-immunization. It is not meant to fully assess a child's immunization status, but allows WIC to effectively fulfill its role as an adjunct to health care by ensuring that children who are at risk for under-immunization are referred for appropriate care.

Immunization requirements

- When scheduling participants for a certification appointment, remind the parent/guardian to bring in their immunization card as part of health screening process. Explain to the parent that WIC is making sure children are up to date on immunizations, but that immunization records are not required to obtain WIC benefits.
- At each certification visit for children under age 2, screen the infant/child's immunization status using the Utah yellow Immunization Record or other written immunization history. Screen the infant/child's immunization status by counting the number of doses of DTaP they have received. Use the following table for screening:

Age of participant	Minimum # of DTaP
3 months	1 dose of DTaP
5 months	2 doses of DTaP
7 months	3 doses of DTaP
19 months	4 doses of DTaP

- If the infant/child is under-immunized:
 1. provide information on the recommended immunization schedule
 2. refer the participant to their primary medical provider

Continued on next page

C.15. Immunization Screening and Referral, Continued

Immunization requirements, (continued)

- If the infant/child is under-immunized:
 - 3. provide information on the recommended immunization schedule
 - 4. refer the participant to their primary medical provider
- If an immunization record is not provided to the WIC clinic;
 - Fax or mail a signed "Release of Information for Immunizations Record" to the participant's primary medical provider.
 - Refer the participant to their primary medical home
 - Provide a reminder list of what to bring at the next visit to the participant. Include a reminder to bring in a written immunization history.
- If on the second visit the participant does not bring in the immunization history, remind them to bring it on the next visit or they will be given vouchers on a monthly basis.
- If by the third visit the immunization history is not provided, vouchers will be issued on a monthly basis until the history is provided.
- All immunization cards should be copied and given to the Local Health Department for entry into USIIS.